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## BIB DATA SHEET

CONFIRMATION NO. 7137

<b>SERIAL NUMBER</b> 10/783,910	<b>FILING or 371(c) DATE</b> 02/20/2004 <b>RULE</b>	<b>CLASS</b> 427	<b>GROUP ART UNIT</b> 1794	<b>ATTORNEY DOCKET NO.</b> 3010-1091		
<b>APPLICANTS</b> Tamisha Clark, Pfafftown, NC; Barry H. Chilton, Mt. Airy, NC; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/448,778 02/20/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/14/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JILL M GRAY/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Woodard, Emhardt, Moriarty, McNett & Henry LLP Bank One Center/Tower Suite 3700 111 Monument Circle Indianapolis, IN 46204-5137 UNITED STATES						
<b>TITLE</b> Medical device with adherent coating, and method for preparing same						
<b>FILING FEE RECEIVED</b> 1424	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			